

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1186-063-082006

FILED AUG 26 1963

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MO.</b> b. COUNTY <b>Greene</b>                                 |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>SPRINGFIELD</b>  |   | c. CITY OR TOWN <b>SPRINGFIELD</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>City Hospital</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>1306 E. Commercial</b>   |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>VIRGIL VAUGHAN</b>  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>August 2, 1963</b>  |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>          | 8. DATE OF BIRTH<br><b>3 Apr. 1898</b>                                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Interior Decorator</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Decorating</b>   |  |
| 11. BIRTHPLACE (City and state or country)<br><b>Missouri</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |  |
| 13a. FATHER'S NAME<br><b>Webb Vaughan</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Elizabeth Silk</b>   |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Divorced</b>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no or unknown) (If yes, give war or dates of service)<br><b>NO</b>  |  |
| 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>   |   | 17. INFORMANT<br>Address <b>3654 Knoxie St. Jack Vaughan (Son) San Diego, California</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>metastatic carcinoma of colon</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |   | INTERVAL BETWEEN ONSET AND DEATH   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   | 20f. CITY, TOWN, OR LOCATION<br><b>SPRINGFIELD MO.</b>  |  |  |
| 21. I attended the deceased from _____ to <b>8/2/63</b> and last saw him alive on <b>8/2/63</b><br>Death occurred at <b>6:15</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.   |   | 22. ADDRESS<br><b>311 1/2 College</b>  |  |
| 22a. SIGNATURE<br><b>[Signature]</b>   | 22b. ADDRESS<br><b>311 1/2 College</b>  | 22c. DATE SIGNED<br><b>8/13/63</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>8/5/63</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Fox Crossing Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Near Dixon, Missouri</b> |
| 24. FUNERAL DIRECTOR<br><b>KLINGNER MORTUARY, INC. SPRINGFIELD MO.</b>   | 25. DATE RECD. BY LOCAL REG.<br><b>8-16-63</b>  | 26. REGISTRAR'S SIGNATURE<br><b>[Signature]</b>  |  |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

jhc

(Licensed Embelmer's Statement on Reverse Side)

8-5-63

SEP 3 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ogle Stone Jr.

Licensed Embalmer No. 47760

P. O. Address Smayfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.